

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/674559**

FILING DATE

APPLICANT(S)

**BEST AVAILABLE CC**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51								
2		1					52								
3							53								
4		3					54								
5		3					55								
6		3					56								
7		3					57								
8		3					58								
9		3					59								
10		3					60								
11		3					61								
12		3					62								
13	1						63								
14	1						64								
15		4					65								
16		4					66								
17		4					67								
18		4					68								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3		3				TOTAL IND.								
TOTAL DEP.	18		8				TOTAL DEP.								
TOTAL CLAIMS	21		11				TOTAL CLAIMS								